

Evaluation Form for Acquisition Career Experience (ACE) Students

To be completed by the Mentor/Supervisor 5 days prior to student's departure.

Name: _____ SSN: _____

Organization: _____

Dates of Employment: _____

Name of Supervisor/Mentor: _____

Organization: _____

Description of Duties:

Evaluation of Performance:

Evaluation of Potential:

Recommend Retention? Yes _____ No _____ (please check one) (If no, please explain below. If yes, please recommend functional area for next year)

Please print name, sign, and date below. Forward signed evaluation forms to the ACE point of contact for your Region.

ACE Student Signature

Date

Supervisor Signature

Date